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Fi	II in this inforn	nation to	identify your case:						
	Debtor 1	Maude		Shelton					
		First Name	Middle Name	Last Name			Che	ck if this is:	
1	Debtor 2	F: (N	ACT III AT				V	An amended filing	
(;	Spouse, if filing)	First Name	Middle Name	Last Name			_	A supplement showing postpetition	
L	Inited States Bank	. ,		IST. OF PENNSY	<u>LVA</u>	NIA		chapter 13 income as of the following date	
1	Case number if known)	<u>16-16397</u>	7JKF13		_			MM / DD / YYYY	
Off	icial Form 10							WWW/DD/TTTT	
								40/45	
2C	hedule I: Yo	ur incoi	ne					12/15	
inclu abou your	ude information a ut your spouse. I r name and case i	bout your s f more spac	pouse. If you are separ e is needed, attach a se nown). Answer every o	ated and your spo eparate sheet to th	use i	s not filing w	ith y	spouse is living with you, ou, do not include information any additional pages, write	
1.	Fill in your emple	ovment	-						
١.	information.	Jyiiieiit		Debtor 1				Debtor 2 or non-filing spouse	
	If you have more		Employment status	☐ Employed				☐ Employed	
	job, attach a separate pa with information about additional employers.		Employment status	✓ Not employed Retired				☐ Not employed	
		ers.	Occupation						
	Include part-time,	seasonal	Occupation	Retired					
	or self-employed	-	Employer's name					-	
	Occupation may i	nclude	Employer's address						
	student or homem applies.	naker, if it	. ,	Number Street				Number Street	
				City		State Zip Co	de	City State Zip Code	
			How long employed the	here?					
Pa	art 2: Give I	Details Ab	out Monthly Incom	e					
				n. If you have noth	ing to	report for any	y line	, write \$0 in the space. Include your	
	filing spouse unles	•	•	er combine the info	ormati	on for all emr	Nove	rs for that person on the lines below. If	
•	,	•	arate sheet to this form.	er, combine the init	Jiiiau	on for all ent	Jioyei	is for that person on the lines below. If	
						For Debtor	1	For Debtor 2 or non-filing spouse	
2.			alary, and commissions d monthly, calculate what		2.	\$0	0.00		
3.	Estimate and list	monthly ov	vertime nav		3. 🖣	\$0	0.00		

Official Form 106l Schedule I: Your Income page 1

Calculate gross income. Add line 2 + line 3.

\$0.00

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Deb	tor 1	Maude	Shelton			Case nur	nber	(if known)	<u>16-1</u>	6397	JKF13	
		First Name	Middle Name Last Name						· ·			
					For De	btor 1		or Debtor				
							n	on-filing s	pouse	_		
	Сор	y line 4 here	→	4.		\$0.00						
5.	List	all payroll ded	ductions:									
			e, and Social Security deductions	5a.		\$0.00						
			ontributions for retirement plans	5b.		\$0.00						
		-	ntributions for retirement plans	5c.		\$0.00						
		-	ayments of retirement fund loans	5d.		\$0.00						
		Insurance	ayments of retirement fund loans	5u. 5e.		\$0.00						
			anaut abligations			\$0.00						
	5f.	Union dues	oport obligations	5f.		\$0.00						
	5g.			5g.		φυ.υυ						
	on.	Other deduct Specify:	ions.	5h. +		\$0.00						
		· · · —		-								
6.	Add 5g +	l the payroll de - 5h.	eductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f +	6.		\$0.00						
7.	Calc	culate total mo	onthly take-home pay. Subtract line 6 from line 4.	7.		\$0.00						
8.	List	all other inco	me regularly received:									
	8a.	Net income fr	om rental property and from operating a	8a.		\$0.00						
		business, pro	ofession, or farm									
		Attach a state	ment for each property and business showing									
		gross receipts	, ordinary and necessary business expenses, and									
		the total montl	hly net income.									
	8h	Interest and o	dividende	8b.		¢0.00						
			ort payments that you, a non-filing spouse, or a	8c.		\$0.00						
	oc.	dependent re	gularly receive	oc.		\$0.00						
			ny, spousal support, child support, maintenance, ment, and property settlement.									
	8d.	Unemployme	nt compensation	8d.		\$0.00						
	8e.	Social Securi	itv	8e.		\$0.00						
	8f.		ment assistance that you regularly receive			- +0.00						
		_	assistance and the value (if known) or any non-									
			ce that you receive, such as food stamps									
			er the Supplemental Nutrition Assistance Program)									
		or housing sul	osidies.									
		Specify: SSI	Net Income	8f.	\$	1,050.00						
	8a.		etirement income	- 8g.		\$0.00						
	_	Other monthl		- 3-		 						
	0		continuation sheet	8h. 🛖	\$	1,000.00						
		<u></u>										
9.	Add	l all other inco	me. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$2	2,050.00						
10	Calc	culate monthly	income. Add line 7 + line 9.	10.	¢	2,050.00	+		١.	_	\$2,050.	00
			ine 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	<u>_</u>	2,030.00	TL			- L=	Ψ2,030.	<u></u>
11.	Stat	e all other reg	ular contributions to the expenses that you list in S	chedul	e J.							
• • • •			ns from an unmarried partner, members of your househ			endents, you	ır roc	ommates, a	and othe	er		
	frien	nds or relatives.		-								
	Do r	not include any	amounts already included in lines 2-10 or amounts that	t are no	ot avail	lable to pay	expe	nses listed	l in Sch	edule	J.	
	Spe	cify:							11.	+	\$0.	.00
	Opo	····								` - =		_
12.			the last column of line 10 to the amount in line 11.						12.	1_	\$2,050.	.00
			amount on the Summary of Your Assets and Liabilities	and C	ertain	Statistical In	form	ation,		Col	mbined	_
	II II a	applies.									nthly inco	ome
13.	Dov	vou expect an	increase or decrease within the year after you file t	his for	m?						•	
	⋈	No.	None.	•	•							
		Yes. Explain:	110.10.									
	Ц	res. Explain:										į

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Debt	tor 1 Maude		Shelton		Case nur	mber (if known)	16-16397JKF13
	First Name	Middle Name	Last Name				
					For Debtor 1	For Debtor 2	or
8h.	Other Monthly Incom				non-filing sp	ouse	
	Tifanie Selby(Gran	dson)			\$500.00		
	Anthony Hudgins(Grandson)		_	\$500.00		
			т	Totals:	\$1,000.00		